HASP FORM

United States Department of Agricultural Animal and Plant Health Inspection Service
FORM 1 Incident Description

Incident Name:_____

Deployment Start Date:_____   Date HASP Prepared:_____

Incident Description:

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Deployment Goals:

_____   Deployment Type (check all that apply):

_____   Animal Disease (commercial) ☐

_____   Animal Disease (wild) ☐

_____   Plant Disease ☐

_____   Insect Infestation ☐

_____   Chemical Contamination ☐

_____   Natural Disaster ☐

_____   Agricultural Terrorism ☐

_____   Other: _____ ☐